

OSCAR REPORT 3
HISTORY FACILITY PROFILE

PROVO CARE CENTER PROVIDER #: 46G022 FACILITY BEDS TYPE ACTION: RECERTIFICATION
256 EAST CENTER ST PHONE NUMBER: (801) 373-8771 TOTAL: 34
PROVO UT 84606 PARTICIPATION DATE: 05/23/1990 CERTIFIED: 34 TYPE OWNERSHIP: PRIVATE NON PROFIT
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 01/21/2003	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 34			
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TOTAL: 32	BEGINNING: 05/01/2003	18	18/19	19	ICF/MR
MEDICARE: 0	ENDING: 04/30/2004	--	----	--	-----
MEDICAID: 0	EXTENSION:				34
OTHER: 0	ADMISSION SUSPENDED:				
	SUSPENSION RESCINDED:				

CURRENT SURVEY REVISIT DATES - 03/06/2003

PRIOR 3 SURVEY 05/2000	PRIOR 2 SURVEY 03/2001	PRIOR 1 SURVEY 04/2002	CURRENT SURVEY 01/21/2003	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
X			X C	02/28/2003	STD W0109-COMPLIANCE WITH SANITATION LAWS
X	X				STD W0130-PRIVACY DURING CARE AND TREATMENT IS ENSURED
X					STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
X					STD W0231-OBJECTIVES PROVIDE MEASURABLE INDICES OF PERFORMANCE
			X C	02/28/2003	STD W0237-TRAINING PROGRAM SPECIFIES TYPE OF DATA
					STD W0277-DESIGNATE INTERVENTION HIERARCHY
X					STD W0341-CONTROL OF COMMUNICABLE DISEASES
X					STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
			X C	02/28/2003	STD * W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
	X				STD W0487-STAFF ASSURES EACH CLIENT RECEIVES ENOUGH FOOD

PRIOR 3 SURVEY 05/2000	PRIOR 2 SURVEY 03/2001	PRIOR 1 SURVEY 04/2002	CURRENT SURVEY 01/14/2003	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
X		X	X C	02/28/2003	K0012-CONSTRUCTION TYPE
X					K0029-HAZARDOUS AREAS - SEPARATION
			X F		K0038-EXIT ACCESS
			X C	02/28/2003	K0039-CORRIDOR WIDTH
	X				K0046-EMERGENCY LIGHTING
X	X	X	X F		K0054-SMOKE DETECTOR MAINTENANCE
X		X			K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0062-SPRINKLER SYSTEM MAINTENANCE
			X C	04/14/2003	K0066-SMOKING REGULATIONS
		X			K0069-COOKING EQUIPMENT
	X				K0076-MEDICAL GAS SYSTEM
					K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	3	3	0	6
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	1	0	1
HEALTH TOTAL	3	3	0	6
LIFE SAFETY CODE	5	4	3	5
LIFE SAFETY CODE + HEALTH	8	7	3	11

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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06/15/1999	SUBSTANTIATED
08/29/2000	SUBSTANTIATED
11/07/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY